

THE BELIZE VALLEY ARCHAEOLOGICAL RECONNAISSANCE PROJECT

Application Form

You are applying to join a research project which is operating in a culturally diverse country under conditions which will likely be quite different from those to which you are accustomed to in your home country. The project involves hard physical labor and the ability to live and cooperate in close quarters with others in a tropical environment. This questionnaire helps to ensure that the project operates smoothly and that we have some idea of your skills, interests, strengths, and weaknesses prior to the beginning of the field season. Please try to answer as accurately and completely as possible.

If this webpage does not automatically send when you click the "Submit Request" button, please fill in the PDF version of the application using Adobe Acrobat Professional. To fill in this form use the "TouchUp Text Tool" (i.e. Tools/Advanced Editing/TouchUp Text Tool). Instead of checking items off as in the online application form, just mark selections off with an "X." Having completed the form, rename the file as your full name using the "Save As" function and send it as an email attachment to Myka Schwanke (archaeology@bvar.org).

If you are experiencing difficulties using the text features of Adobe Acrobat Professional or if you simply do not have this software, you can copy and paste this application into your word processor or email and send the completed form via email to Myka Schwanke (archaeology@bvar.org). Note that in Adobe Acrobat Reader you can copy the content of PDF files to the clipboard by using the corresponding function under the "Edit" menu. Having done this you can paste (Ctrl+V) the form into a word processor or an email. Then fill in the form accordingly, but instead of checking items off as in the online application form, just mark selections off with an "X."

Thank you.

Name			
Date of Birth	Day	Month	Year
Gender		Female	Male
Please provide the followin	g contact info	ormation:	
Street Address			
City State/Province Zip/Postal Code Country Work Phone Home Phone Fax E-mail			
Permanent home address in	ıformation:		
Street Address			
City			
State/Province			
Zip/Postal Code			
Country			

Belize Valley Archaeological Reconnaissance Application:

Contact Information:

You are applying to join a research project which is operating in a culturally diverse country under conditions which will likely be quite different from those to which you are accustomed. The project involves hard physical labor and the ability to live and cooperate in close quarters with others in a tropical environment often in the middle of the jungle. This questionnaire helps to ensure that the project operates smoothly and that we have some idea of your skills, interests, strengths, and weaknesses prior to the beginning of the field season. Please try to answer as accurately and completely as possible.

Program (Choose One):

Space in the project is limited but we will try to place you in the session of your preference. Choose an alternate choice only if you are interested and are able to attend the session. If you select alternative choices please ensure that you indicate which your preferred (primary) and alternate (secondary) choice is.

CHOOSE PREFERRED PROGRAM	
[] Surface Site Operations [Cave Site Operations
Each group has limited space. If the group still like to participate on the project at the	
 [] If Surface Site is your preferred choice [] If Cave Site is your preferred choice [] If Surface Site is your alternate choice [] If Cave site is your alternate choice 	e, check here ce, check here
OPTION ONE (4 – weeks) Session preference (one/two/both):	
[] One [] Two	[] Both
If the above selection is your preferred cho If the above selection is your alternate choi	
OPTION TWO (2 – weeks)	
Session preference (one/two/both): [] One [] Two	[] Both
If the above selection is your preferred cho If the above selection is your alternate choi	
OPTION THREE (customized) Session(s): a variety of dates between 6 Juncustomized stay with the project, submit project.	•
From:	То:

University Credit

		Yes	[]	No	[]
itize	nship						
	Country of Citizenship:						
	Passport number:						
	(If you do not yet have a passp passport right away as process					ou sh	ould apply for your
lease	e provide physician information	l :					
	Name						
	Work Phone						
'lease	e provide Employer/School info	rmation:					
	Name						
	Work Phone						
	Street Address						
	C'i						
	City						
	State/Province						
	State/Province Zip/Postal Code						
	State/Province						
	State/Province Zip/Postal Code						
	State/Province Zip/Postal Code Country						
	State/Province Zip/Postal Code Country Major/Year (students):						
televa	State/Province Zip/Postal Code Country	s archaec	ologi	.cal exp	erience:		
Keleva	State/Province Zip/Postal Code Country Major/Year (students):	s archaec	ologi	cal exp	erience:		
Keleva	State/Province Zip/Postal Code Country Major/Year (students):	s archaec	ologi	cal exp	erience:		

What do you expect from this experience?	
We all have weaknesses. What do you consider yours to be?	
What do you consider to be your strengths?	
Special archaeological interests?	
Current sports or other recreational activities:	

Additional comments/information about yourself:
Foreign travel experience. Please list which countries you have visited and when.
Camping/Backcountry experience:
Medical and dietary concerns: It is imperative that we are aware of any special medical and dietary concerns which you may have. We will not be able to accommodate vegetarian or special diets and no facilities exist to deal with severe handicaps or medical conditions.
Special medications:

Special Diet:
Allergies:
Previous respiratory ailments:
Do you have any physical/medical conditions of which we should be aware? (e.g. bad back, trick knee, etc.)
How did you find out about the project?

Last updated: 23 October 2006.